

DEAD JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23058**
Registrar's No. **1783**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590**

2001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) PINE LAWN		c. LENGTH OF STAY (in this place) 16 mos.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MOTHER OF GOOD COUNSEL HOME		e. CITY (If outside corporate limits, write RURAL and give township.) OR TOWN MAPLEWOOD 4534	
f. STREET ADDRESS 7210 LANHAM AVE.		g. (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print), a. (First) LULA	b. (Middle) M	c. (Last) O'HARA	4. DATE OF DEATH (Month) (Day) (Year) JUNE 28, 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH 12-21-1879	9. AGE (In years last birthday) (Months) (Days) 72 6 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (City and State or Foreign Country) IRONTON, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ANDREW JACKSON ROBINSON	13b. MOTHER'S MAIDEN NAME GENIA WEBSTER	14. NAME OF HUSBAND OR WIFE PETER J. O'HARA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ETHEL O'HARA, ABOVE	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia 4200		2 yrs	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **5-1-1952**, to **6-28-1952**, that I last saw the deceased alive on **6-28-1952**, and that death occurred at **1 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Stachle (Degree or title) M.D.	23b. ADDRESS 7124 Natural Bridge	23c. DATE SIGNED 6-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-1-1952	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEME.	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. 6-30-52	REGISTRAR'S SIGNATURE Herbert R. Dombek	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH	ADDRESS 7456 MANCHESTER AVE MAPLEWOOD, MO.
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7124 N. Baidge

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *VE Morris*

Licensed Embalmer No. *3360*

P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.